

Support Center Services

Definition: Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to people who because of their disability are unable to care for and supervise themselves. Services provided are necessary to prevent institutionalization and maintain the individuals' health and safety. The care, supervision and assistance will be provided in accordance with a plan of care. An array of non-habilitative activities and opportunities for socialization will be offered throughout the day but not as therapeutic goals.

Transportation will be provided from the individual's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the individual's habilitation site to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

Providers: Support Center Services are provided by DSN Boards or companies/agencies qualified by SCDDSN to provide Day Services.

Arranging for the Service: When you determine an individual needs Support Center Services they should be given a choice of providers of this service and the offering of choice must be documented. The individual and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the individual and/or his/her legal guardian and documented.

Prior to adding Support Center to the Waiver Tracking System, you must first ensure the service is included on the STS. If Support Center is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the budget. To make this change proceed to the services menu on the STS (**SVMEN**). Select **CHGAT** and enter SSN in Key 1 position. The day service that the individual is receiving will be displayed along with the activity type and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("**W**").

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Support Center Services can be authorized using the **Authorization for Services (Community Supports Form SC-06)**.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Support Center Services:

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

It may also occur during review of written documentation such as daily logs of objectives and/or formal professional assessments.

Some items to consider during monitorship include:

- Is the individual satisfied with his/her daily activity?
- Is the individual satisfied with the provider of his/her service?
- Is the service area clean and safe?
- What is the individual's attendance?
- What are the opportunities for choice given to the individual?
- Does the individual feel comfortable with staff?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

AUTHORIZATION FOR SERVICES TO BE *BILLED TO DSN BOARD*

RE: _____
Individual's Name / Date of Birth

Medicaid # / / / / / / / / / / /

Support Center:

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Date _____

COMMUNITY SUPPORTS Form SC-06